



IxResearch Briefing: April 2006

Using the Internet to Enhance Physician-Patient Communication

Objective:

This paper highlighted research about current trends and best practices for utilizing the Internet to facilitate physician-patient communications.

Economic Advantages of Implementing an E-mail System:

A recent study in California found that after implementing an email system, a physician practice experienced reductions in physician office claims and total health care claims significant enough to offset physician reimbursement for attending to emails.

Key Implementation Recommendations for Setting Up an Office Email System:

Office Email Policy: Prior to implementation, an office email policy should be established to provide guidelines for both staff and patients. Guidelines may include:

- Informing patients of expected response times.
- An explanation that urgent or sensitive issues should be communicated over a different medium.
- Notification that all emails will be included in the medical record.
- Specification of the format emails should take.

Informed Consent:

An informed consent policy should explain that despite protection measures, there is no guarantee that the confidentiality of all emails can be ensured.

Patient Privacy:

Encryption is necessary in order to conform to HIPAA requirements. For encryption to work, patients must also have encryption software.

Unsolicited E-mail:

Physicians may be putting themselves in legal jeopardy by responding to unsolicited emails. Physicians should take precautions by not publicly advertising their email address and by replying to unsolicited emails with instructions to consult a physician.

Best Practices and Insights:

- Reduce workload by assigning a staff person to triage all email messages to the appropriate person.
- Patient satisfaction of an email system is correlated with a timely provider response.
- Physician Web sites can provide links to reputable, trustworthy health information.

Citation:

Biermann JS, Golladay GJ, Peterson RN. Using the internet to enhance physician-patient communication. *Journal of the American Academy of Orthopedaedic Surgeons*. 2006 Mar; 14(3): 136-44.

Patients' Perceived Barriers to Active Self-Management of Chronic Conditions

Objective: This study investigated two issues central to patient self-management of chronic disease:

- (1) Perceived barriers to active self-management.
- (2) Perceived barriers to accessing self-management support services and resources.

Background: Each of the 54 participants (85% of which had multiple chronic conditions) were randomly assigned to 1 of 10 focus groups to discuss their chronic diseases.

Findings:

Participants reported the following barriers to self-management:

- **Problems controlling weight.**
- **Fatigue:** hindered even daily tasks.
- **Difficulty exercising regularly:** due to joint pain, immobility and fatigue.
- **Depression:** fostered isolation and an inability to cope.
- **Poor communications with physicians:** hurried encounters led to a lack of explanation of the causes, effects and ways to manage their chronic disease.
- **Lack of support from family:** family members often did not appreciate the severity of a person's chronic illness because they did not look "sick."
- **Pain:** often resulted in patients having to give up a valued activity.
- **Financial problems:** often resulting in having to forgo necessary care.

Participants reported the following barriers to accessing self-management services and resources:

- **Lack of awareness of self-management resources and services.**
- **Physical symptoms:** limited mobility and fatigue prevented access to resources.
- **Lack of transportation.**
- **Cost/health insurance:** costs precluded patients from services regardless if they were covered by Medicare, Medicaid or by private insurance.

Ix Implications:

Home-based self-management tools that promote self-efficacy offer a promising way to reduce barriers to active self-management that are commonly associated with centralized facilities. Specifically, home-based self-efficacy-enhancing programs can reduce barriers to active self-management (such as depression, fatigue, pain, and lack of family support), as well as reduce barriers to accessing self-management services and resources (such as limited mobility, fatigue and the lack of transportation). In addition, high costs may no longer preclude patients from using these services if health plans offer home-based self-management support programs as a way to reduce utilization of more costly interventions.

Citation:

Jerant AF, von Friederichs-Fitzwater MM, & Moore M. Patients' perceived barriers to active self-management of chronic conditions. *Patient Education and Counseling*. 2004 June; 57(3): 300-307.

A Systematic Review on Communicating with Patients About Evidence

Objective:

This systematic review highlighted effective strategies for communicating with patients about evidence-based medicine.

Ix Findings:

What are the most effective tools for communicating evidence to patients?

Regardless of the format (verbal, written, video, provider-delivered, computer-based), most communication tools have been shown to increase patients' understanding of evidence, but the ones that do so more effectively are those that are structured, tailored and/or interactive. Training providers in patient-centered approaches has been shown as an effective strategy for increasing patient understanding of evidence.

Which representations of probabilistic information best improve patient understanding?

It has been shown that probabilistic information is best represented as event rates (natural frequencies) rather than in words, probabilities or summarized as effect measures.

- Illustrations, such as cartoons and graphs, have been shown to aid understanding of written information, particularly for patients of low educational backgrounds.
- Evidence suggests that vertical bar graphs with numeric estimates may be the best way to graphically represent probabilities.
- It is easier for people to understand changes in risk when absolute risk reduction or relative reduction with baseline risk formats are used.
- Detailed written risk information has been shown to increase patient knowledge and satisfaction without changing anxiety in some settings.
- Patient preferences have been shown to be affected when information is framed in terms of either benefits or harms.

What are the most effective strategies to elicit patient preferences/beliefs/values?

While values clarification exercises appear to be better for eliciting preferences in individual decision making, standard utility techniques seem to be useful and stable at a group level and may be more appropriate for policy level decision making and values clarification for clinical decision making.

- Decision aids and analysis appear to be effective tools for eliciting preferences.
- Measures where patients consider one health state versus another have been shown to be poorly predictive of preferences in men with prostate cancer.

Citation:

Trevena LJ, Davey HM, Barratt A, Butow P, Caldwell P. A systematic review on communicating with patients about evidence. *Journal of Evaluation in Clinical Practice* 2006; 12,(1): 13-23.